

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7		2		1			57				
8		2		1			58				
9		2		1			59				
10		2		1			60				
11		2		1			61				
12		2		1			62				
13		2		1			63				
14		2		1			64				
15		2		1			65				
16		2		1			66				
17		2		1			67				
18		2		1			68				
19		2		1			69				
20		2		1			70				
21		2		1			71				
22	1		1				72				
23		1		1			73				
24		2		1			74				
25	1		1				75				
26		1		1			76				
27		2		1			77				
28		2		1			78				
29		2		1			79				
30		2		1			80				
31		2		1			81				
32		2		1			82				
33		2		1			83				
34		2		1			84				
35		2		1			85				
36		2		1			86				
37	1		1				87				
38		2		1			88				
39		2		1			89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.			25				TOTAL DEP.				
TOTAL CLAIMS			26				TOTAL CLAIMS				